

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	50	75316	10/31/00
<b>O.I.P.E. CLASSIFIER</b>	32	32	11/12/00
<b>FORMALITY REVIEW</b>	PLW	69055	11/12-4-00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/24/00
2	✓	✓	3/25/00
3	✓	✓	9/17/00
4	✓	✓	9/17/00
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
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**Best Available Copy** If more than 150 claims or 10 actions  
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